01-02-03

EV 782657955

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Valid OMB Control number.	Application Number	09/677,478					
TRANSMITTAL	Filing Date	October 2, 2000					
FORM	First Named Inventor	Guy T. Blalock					
(to be used for all correspondence after initial filing)	Group Art Unit						
	Examiner Name	Lan Vinh					
Total Number of Pages in This Submission	Attorney Docket Numbe	r MI22-1544					
ENCLOSURES (check all that apply)							
X Fee Attached	Statement which	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information  Status Letter  Additional Enclosure(s) (please identify below):  PTO Return Receipt Postcard Check Form PTO-1449 with copies of cited references  mation Disclosure ch was previously filed 2000, with copy of showing uninitialed art.					
SIGNATURE OF AF	PLICANT, ATTORNEY, OF	R AGENT					
Firm or Individual name D. Brent Kenady; Wells	St. John P.S.	\					
Signature Signature							
Date // - 30 - 07 /							

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## **FEE TRANSMITTAL** for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

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Complete if Known				
Application Number	09/677,478			
Filing Date	October 2, 2000			
First Named Inventor	Guy T. Blalock			
Examiner Name	Lan Vinh			
Art Unit	1765			
Attorney Docket No.	MI22-1544			

TOTAL AMOUNT OF PAYMENT (\$	392.00		Attorne	ey Doc	ket N	lo. MI22-1544	
METHOD OF PAYMENT (check all that apply)			_		FEE	ECALCULATION (continued)	
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Crieck Credit Card Corder Corder	_	Large E					
X Deposit Account:	———¬ [				Fee (\$)	ſ	Fee Paid
Deposit Account 23-0925		1051		2051		Surcharge - late filing fee or oath	0.00
Number Deposit Account Wells St. John P.S		1052	50	2052		Surcharge - late provisional filing fee or cover sheet	0.00
Name		1053	130	1053	130	Non-English specification	$\frac{0.00}{0.00}$
The Commissioner is authorized to: (check all the	at apply) ny overpayments	1812	2,520	1812 2	2,520	For filing a request for ex parte reexamination	0.00
Charge fee(s) indicated below Credit a  Charge any additional fee(s) during the pendence		1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
Charge fee(s) indicated below, except for the fi	ling fee	1805	1,840*	1805	1,840*	Requesting publication of SIR after	0.00
to the above-identified deposit account.		1	·			Evaminer action	110.00
FEE CALCULATION		1251	110	2251	55 200	Extension for reply within list month  Extension for reply within second month	
1. BASIC FILING FEE		1252 1253	400 920	2252		Extension for reply within third month	0.00
Large Entity Small Entity	Fee Paid		1,440	2254		Extension for reply within fourth month	0.00
Code (\$) Code (\$)			1,960	2255		Extension for reply within fifth month	0.00
1001 740 2001 370 Utility filing fee		1401	320	2401		Notice of Appeal	0.00
1002 330 2002 165 Design filing fee		1401	320	2402		Filing a brief in support of an appeal	0.00
1003 510 2003 255 Plant filing fee	<b> </b>	1403	280		140	Request for oral hearing	0.00
1004 740 2004 370 Reissue filing fee 1005 160 2005 80 Provisional filing fe	e	1451	1,510	1451	1,510	Petition to institute a public use proceeding	0.00
1005 160 2005 80 Provisional filing le		1452	110	2452	55	Petition to revive - unavoidable  Petition to revive - unintentional	0.00
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2. EXTRA CLAIM FEES FOR UTILITY	e irom		1,280	2501		Utility issue fee (or reissue)	0 - 00
Extra Claims	elow Fee Paid	3		2502			
Total Claims 50 -49 = 1 x 12 Independent 7 - 6 = 1 x 84		1503 1460		2503 1460	-		0.00
Claims  Multiple Dependent	= 0.00	1460 1807		1807	-		0.00
		1806		1806		Supplemental	180.00
Fee Fee Fee Fee Description	<u>20</u>	8021		8021	-	Recording each patent assignment per	0.00
Code (\$) Code (\$) 1202 18 2202 9 Claims in excess	of 20			2809		property (times number of properties)	0.00
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1201 01	ent claim, if not paid	1810	740	2810	0 370	<ol> <li>For each additional invention to be examined (37 CFR 1.129(b))</li> </ol>	0.00
1204 84 2204 42 ** Reissue indep		180	1 740	280	1 37	(DCE)	0.00
and a the Beingue claim	s in excess of 20	1802				00 Request for expedited examination	0.00
1205 18 2205 9 Reissue claim and over origin	nal patent					of a design application	0.00
SUBTOTAL (2)	(\$) 102.00			specify) by Basid		g Fee Paid SUBTOTAL (3) (\$)	290.00
**or number previously paid, if greater; For Reissues, see above see above (Complete (if applicable)							

SUBMITTED BY 509-624-4276 Registration No. 40,045 Telephone D. Brent Kenady Name (Print/Type) (Attorney/Agent) 12-30-02 DVS Signature

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